



# AGENT AUTHORIZATION FORM

I, (print property owner name) \_\_\_\_\_, as the owner of the real property described as follows \_\_\_\_\_ do hereby authorize to act as my agent (print agent's name) \_\_\_\_\_, to execute any petitions or other documents necessary to effect the application approval requested and more specifically described as follows, \_\_\_\_\_, and to appear on my behalf before any administrative or legislative body in the City considering this application, and to act in all respects as my agent in all matters pertaining to the application.

Date: \_\_\_\_\_  
Signature of Property Owner \_\_\_\_\_  
Print Name of Property Owner \_\_\_\_\_

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_:

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

(Notary Stamp) \_\_\_\_\_  
Signature of Notary Public  
My Commission Expires: \_\_\_\_\_

Legal Description(s) or Parcel ID(s) are required:
